
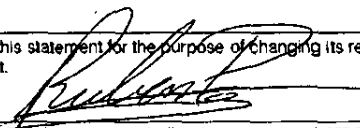
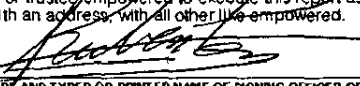


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108721			
1. Entity Name ARGEN FOODS INT'L, INC.			
Principal Place of Business 8020 W. DRIVE APT 252 NORTH BAY VILLAGE, FL 33141		Mailing Address 8020 W. DRIVE APT 252 NORTH BAY VILLAGE, FL 33141	
2. Principal Place of Business 8010 W. DRIVE Suite, Apt. #, etc. APT #376		3. Mailing Address 8010 W. DRIVE Suite, Apt. #, etc. APT #376	
City & State NORTH BAY VILLAGE, FL		City & State NORTH BAY VILLAGE, FL	
Zip 33141	Country	Zip 33141	
4. FEI Number 11-3656782		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAZ, RUBEN E 6905 BAY DR. #2 MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name PAZ RUBEN E Street Address (P.O. Box Number is Not Acceptable) 8010 W. DRIVE, APT #376 City NORTH BAY VILLAGE FL Zip Code 33141	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  (NOTE: Registered Agent signature required when amending) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAZ, RUBEN E 6905 BAY DR. #2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAZ RUBEN E 8010 W DRIVE, APT #376 NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAZ, JORGE A 6905 BAY DR. #2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAZ JORGE A. 8010 W DRIVE, APT #376 NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

11038744



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)